BEECHWOOD REST HOME N1495 WEST CTH A

KEWASKUM 53040 Phone: (920) 994-471	.7	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation	n: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	26	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/03):	26	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	23	Average Daily Census:	25
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Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/03)	Length of Stay (12/31/03)	용	
Home Health Care	No			Age Groups	용		13.0	
Supp. Home Care-Personal Care	No			I		1 - 4 Years	56.5	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	'	0.0		26.1	
Day Services	No	Mental Illness (Org./Psy)	21.7	65 - 74	0.0			
Respite Care	No	Mental Illness (Other)	13.0	75 - 84	39.1	I	95.7	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.5	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	17.4	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0			Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	21.7	65 & Over	100.0			
Transportation	No	Cerebrovascular	13.0			RNs	7.5	
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	14.4	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	30.4	Male	13.0	Aides, & Orderlies	40.0	
Mentally Ill	No	[		Female	87.0	I		
Provide Day Programming for			100.0			I		
Developmentally Disabled	No	1		l	100.0	I		

## Method of Reimbursement

		edicare itle 18			edicaid			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	%	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	18	100.0	132	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	18	78.3
Intermediate				0	0.0	0	0	0.0	0	3	60.0	159	0	0.0	0	0	0.0	0	3	13.0
Limited Care				0	0.0	0	0	0.0	0	2	40.0	159	0	0.0	0	0	0.0	0	2	8.7
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		18	100.0		0	0.0		5	100.0		0	0.0		0	0.0		23	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/03
Deaths During Reporting Period	I				% Needing		 Total
Percent Admissions from:	i	Activities of	용		sistance of	% Totally	Number of
Private Home/No Home Health	14.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	14.3	Bathing	0.0		82.6	17.4	23
Other Nursing Homes	14.3	Dressing	4.3		87.0	8.7	23
Acute Care Hospitals	57.1	Transferring	17.4		69.6	13.0	23
Psych. HospMR/DD Facilities			13.0		73.9	13.0	23
Rehabilitation Hospitals	0.0	Eating	13.0		82.6	4.3	23
Other Locations	0.0	*****	******	*****	* * * * * * * * * * * * * * * * * *	******	* * * * * * * * * *
Total Number of Admissions	7	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	4.3
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	34.8	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	11.1	Occ/Freq. Incontiner	nt of Bowel	17.4	Receiving Suct	ioning	0.0
Other Nursing Homes	22.2	-			Receiving Osto	my Care	4.3
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diet	s 47.8
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	66.7	With Pressure Sores		0.0	Have Advance D	irectives	100.0
Total Number of Discharges	ĺ	With Rashes		4.3	Medications		
(Including Deaths)	9				Receiving Psyc	hoactive Drugs	60.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Ownership:			Size:	Lic	ensure:					
	This	Pro	prietary	Und	er 50	Ski	lled	Al.	1			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities			
	%	%	Ratio	용	Ratio	앙	Ratio	96	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	96.2	86.2	1.12	84.7	1.14	88.1	1.09	87.4	1.10			
Current Residents from In-County	52.2	78.5	0.66	77.5	0.67	82.1	0.64	76.7	0.68			
Admissions from In-County, Still Residing	28.6	17.5	1.63	25.1	1.14	20.1	1.42	19.6	1.45			
Admissions/Average Daily Census	28.0	195.4	0.14	104.2	0.27	155.7	0.18	141.3	0.20			
Discharges/Average Daily Census	36.0	193.0	0.19	107.9	0.33	155.1	0.23	142.5	0.25			
Discharges To Private Residence/Average Daily Census	4.0	87.0	0.05	28.9	0.14	68.7	0.06	61.6	0.06			
Residents Receiving Skilled Care	78.3	94.4	0.83	93.8	0.83	94.0	0.83	88.1	0.89			
Residents Aged 65 and Older	100	92.3	1.08	95.8	1.04	92.0	1.09	87.8	1.14			
Title 19 (Medicaid) Funded Residents	78.3	60.6	1.29	56.9	1.38	61.7	1.27	65.9	1.19			
Private Pay Funded Residents	21.7	20.9	1.04	33.8	0.64	23.7	0.92	21.0	1.04			
Developmentally Disabled Residents	0.0	0.8	0.00	1.4	0.00	1.1	0.00	6.5	0.00			
Mentally Ill Residents	34.8	28.7	1.21	38.3	0.91	35.8	0.97	33.6	1.04			
General Medical Service Residents	30.4	24.5	1.24	16.9	1.80	23.1	1.32	20.6	1.48			
Impaired ADL (Mean)	52.2	49.1	1.06	50.8	1.03	49.5	1.05	49.4	1.06			
Psychological Problems	60.9	54.2	1.12	56.3	1.08	58.2	1.05	57.4	1.06			
Nursing Care Required (Mean)	7.6	6.8	1.12	6.9	1.10	6.9	1.10	7.3	1.04			